If you want to withdraw from the contract, you can fill out this form and send it back to us:			
To:	Medizinische Congressorganisation Nürnberg GmbH		
	Kongressabteilung "DOC 2024"		
	Neuwieder Str. 9		
	90411 Nürnberg		
Fax:	:: 0911 / 39 31 6 – 20		
E-Mail: arbesmann@mcn-nuernberg.de			
I hereby revoke the contract I concluded for ordering the following services:			
Ordered on:			
Name of the participant:			
Address of the participant:			
Signature:			
Date: _	te:		

Withdrawal form - "DOC 2024".

(*) Delete as applicable.